

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212544397				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>BRANSCOME INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b>   <b>RICHMOND, VA 23219</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2012</b></p> <p>SCC ID NO: <b>05506134</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4551 JOHN TYLER HIGHWAY</p> <p style="text-align: center;">CITY/ST/ZIP: WILLIAMSBURG, VA 23185</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM S PATTERSON  TITLE: PRESIDENT  ADDRESS: 4551 JOHN TYLER HIGHWAY  CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM S PATTERSON TITLE: PRESIDENT ADDRESS: 4551 JOHN TYLER HIGHWAY CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANTHONY L MARTINO II  TITLE: SECRETARY  ADDRESS: 163 MADISON AVENUE  CITY/ST/ZIP/CO: SUITE 500 MORRISTOWN, NJ 07960 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANTHONY L MARTINO II TITLE: SECRETARY ADDRESS: 163 MADISON AVENUE CITY/ST/ZIP/CO: SUITE 500 MORRISTOWN, NJ 07960	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANTHONY L MARTINO II TITLE: SECRETARY ADDRESS: 163 MADISON AVENUE CITY/ST/ZIP/CO: SUITE 500 MORRISTOWN, NJ 07960	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN-LUC BEGASSE DE DHAEM DIRECTOR 163 MADISON AVENUE SUITE 500 MORRISTOWN, NJ 07960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT KESSENICH ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERETTA JONES ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS MATTHEWS ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT DANIEL ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY KANTOR ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. BRENT MOORE ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GABE WHITAKER ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORI HURLEY ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ANTHONY L MARTINO II SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY L MARTINO II, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/19/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			